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CONFIRMATION NO. 7974

<b>SERIAL NUMBER</b> 09/424,431	<b>FILING OR 371(c) DATE</b> 03/16/2000 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> 287300022USA	
<b>APPLICANTS</b> JOHN W WONG, Residence Not Provided; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US98/10389 05/22/1998 which claims benefit of 60/063,454 05/23/1997 <b>** FOREIGN APPLICATIONS *****</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials <u>                    </u>		<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> BRINKS, HOFER, GILSON & LIONE P.O. BOX 10395 CHICAGO, IL60610					
<b>TITLE</b> METHOD AND APPARATUS FOR DELIVERING RADIATION THERAPY DURING SUSPENDED VENTILATION					
<b>FILING FEE RECEIVED</b> 924	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		